

Notice of Assumption of Duties in a Fiduciary Capacity

For assistance, call (602) 716-7809 or toll-free from area codes 520 and 928, call (800) 352-4090.

Section I Decedent Information		
Full Name of Decedent	Decedent's Social Security Number	Decedent's Date of <i>Death</i> M M D D Y Y Y Y
	Estate's Federal Employer I.D. Number	Decedent's Date of <i>Birth</i> M M D D Y Y Y Y
Full Name of Spouse	Spouse's Social Security Number	<i>If spouse is deceased, Date of Death</i> M M D D Y Y Y Y
Last known home address of decedent		
Date domicile was established in Arizona: (If nonresident, <i>describe Arizona property on a separate schedule</i>) M M D D Y Y Y Y		
Mailing Address – <i>if different from home address</i>		

Name of Fiduciary	Telephone Number (with area code)
Address	

County in which estate is being probated	Probate Number	Date of Fiduciary's Appointment M M D D Y Y Y Y
Name of Attorney		Telephone Number (with area code)
Address		

Approximate Value of <i>Entire Gross</i> Estate	Approximate Value of <i>Probate</i> Estate
Name, Address, and Social Security Number of Beneficiary(ies). <i>Attach extra sheet with additional name(s), address(es), SSN(s).</i>	

If you are terminating a prior notice concerning fiduciary relationships on file with the Arizona Department of Revenue, *check this box*..... ☐

Enter the date the fiduciary capacity was terminated..... MM/DD/YYYY

SIGNATURE OF FIDUCIARY _____ TITLE _____ DATE _____

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